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No 60

50 sth 6th An Essay

On
Gastritis,

By

Passed March 7. 1829

James L. Tunstall
Of

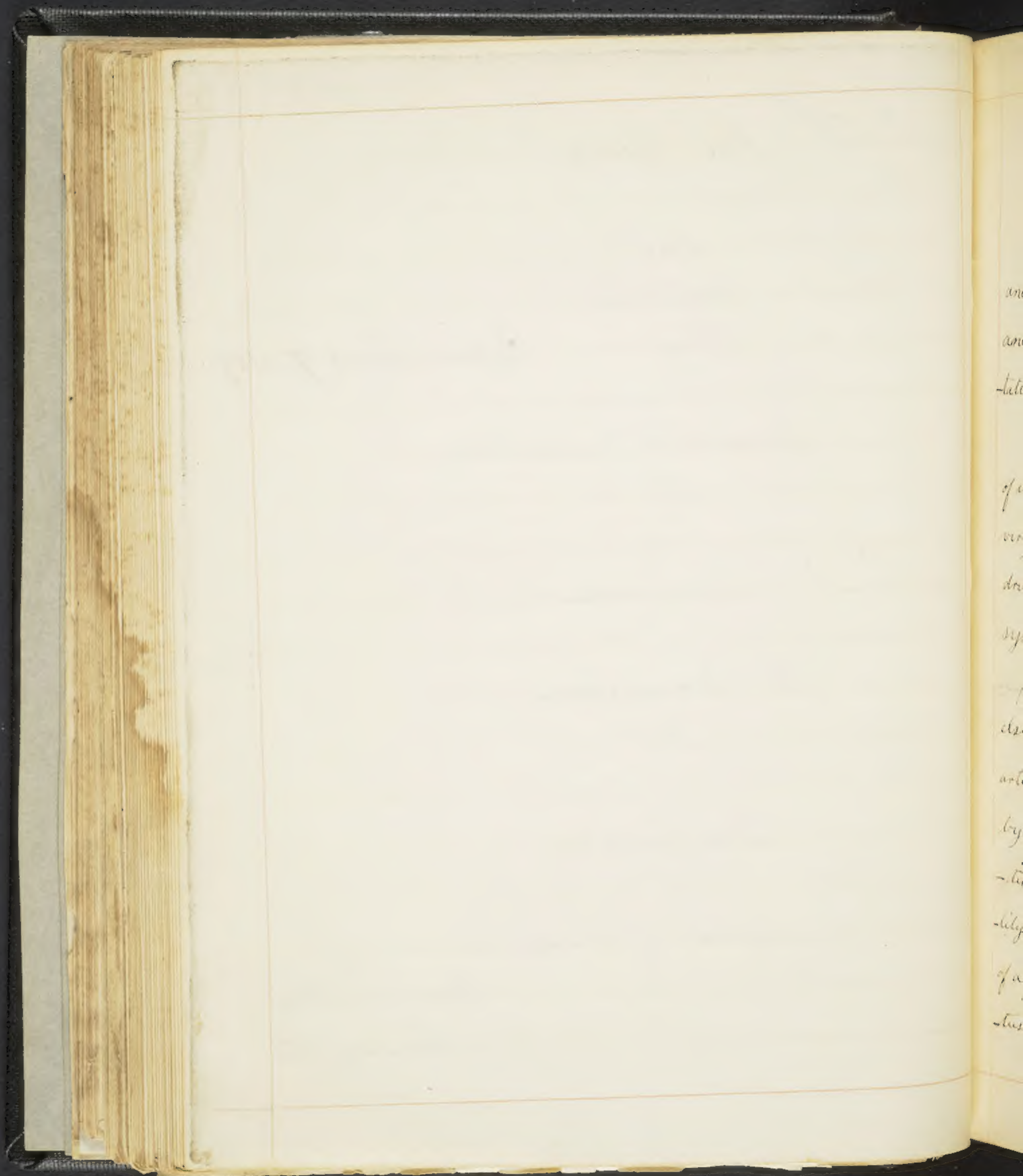
Virginia.

A Candidate
For

The Degree
Of
Doctor of Medicine.

University Pa.

January 1829



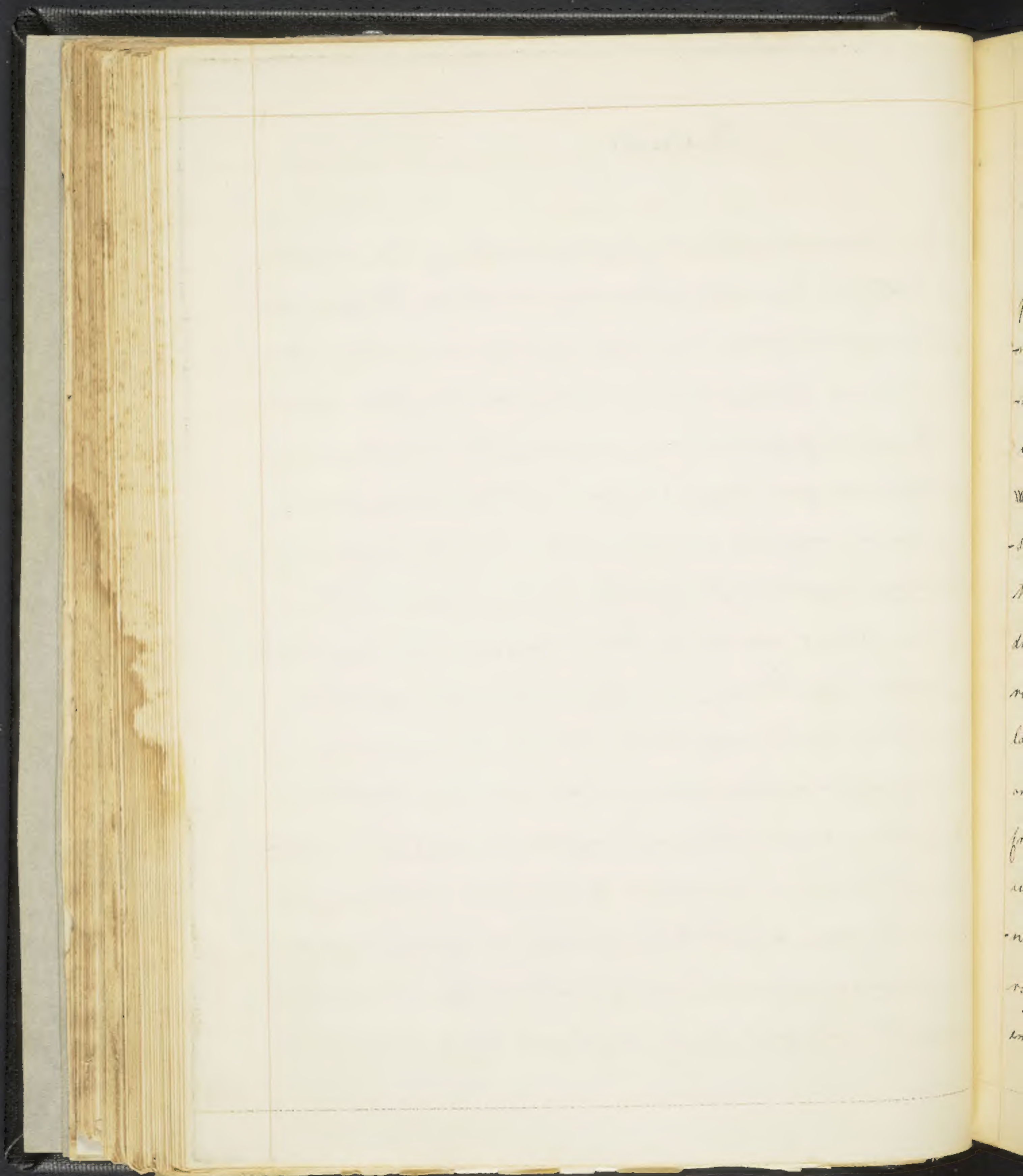
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Gastritis

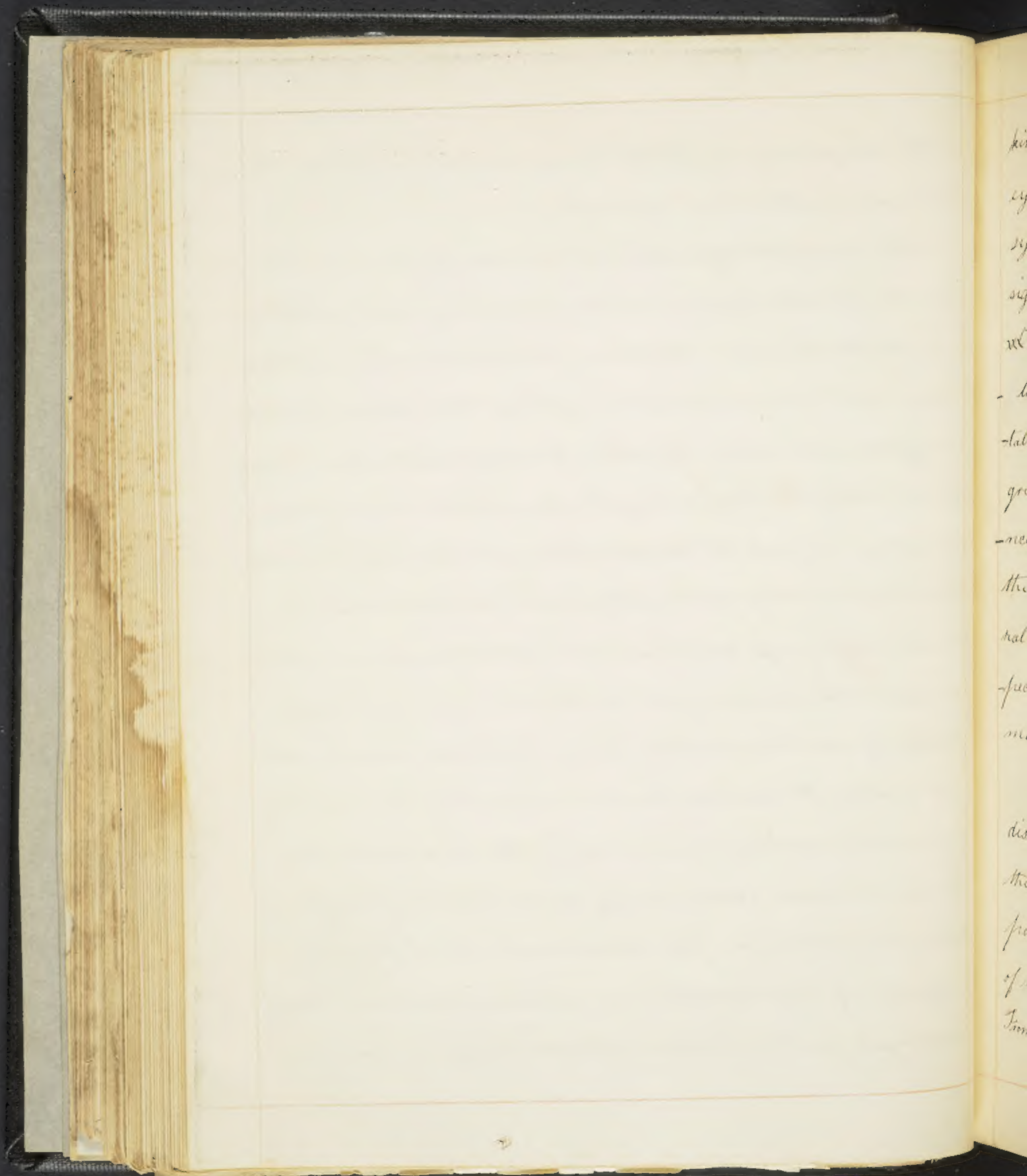
This disease consists in inflammation of the stomach, and is divided by most writers into two kinds, Phlegmonous and Erysipelatous; but it is only my intention in this dissertation to treat of the former or Phlegmonous inflammation.

The causes of Gastritis are numerous; the most frequent of which, are great degrees of heat or cold, passing from a very warm and dry atmosphere to a cold and moist one; drinking large draughts of cold water when the system is over excited by heat, which last in my opinion produces the disease more frequently than any thing else whatever. It may also be excited by swallowing articles of a poisonous nature, as arsenic, the acids, and alkalies; by repelled exanthemata, and misplaced gout; by over distention of the stomach produced by food of too irritating a quality or too large a quantity; by large draughts of drinks of a pungent and stimulating nature; by external contusion. It is also said to be produced from inflammation



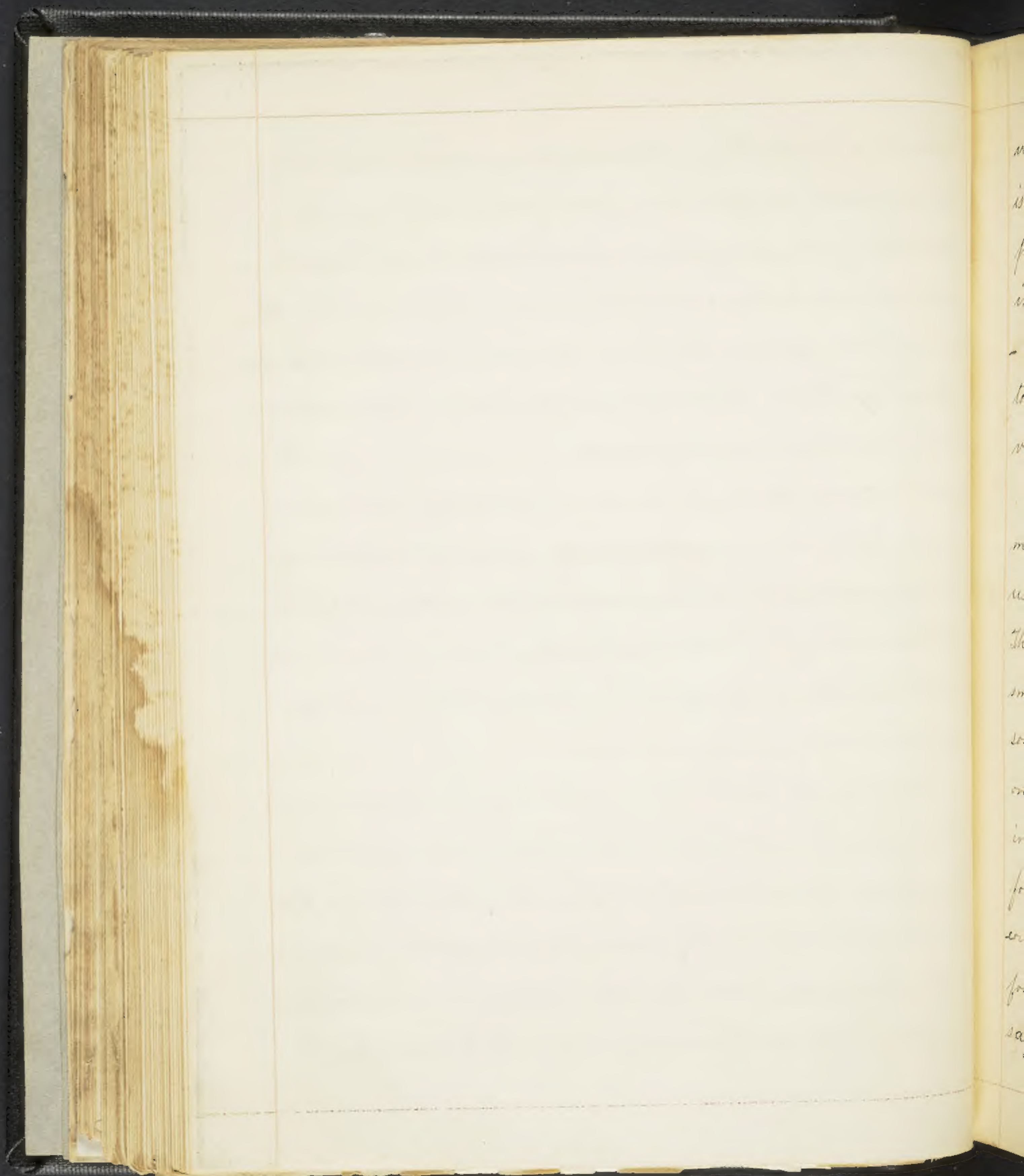
of the neighbouring parts being communicated to the stomach, as the liver, spleen &c.

The symptoms of gastritis are an acute pain in the parts affected together with a burning heat, and soreness to the touch. Flatulency is sometimes present together with a nausea and vomiting, the latter of which is aggravated when anything is swallowed either a liquid or solid; the tongue is often clean and red, but occasionally we find it covered with a whitish mucous coat; the thirst is very great, with a desire for cold acidulated drinks; costiveness sometimes attends; but occasionally the reverse takes place and we have a proternatural laxity of the bowels; the pulse is usually small, hard and corded, the patient becomes very restless and fretful, frequently rolling from one ^{side} of the bed to the other, which is soon followed by great debility, and frequently by delirium. The disease continues its progress rapidly, if not arrested by judicious remedies timely employed, and symptoms of more unfavourable



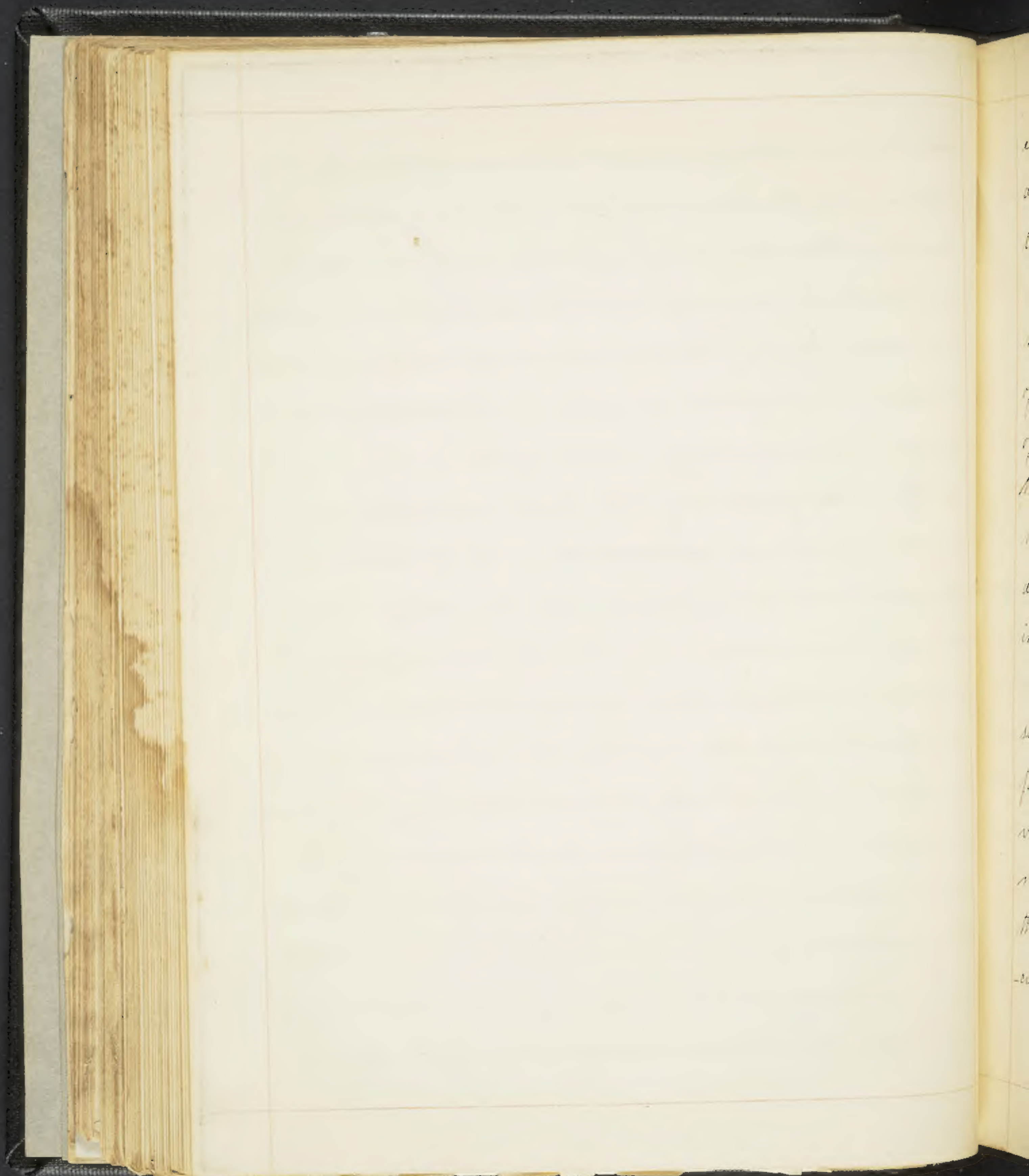
kind soon make their appearance; such as a wild eye, difficult respiration, great prostration of the system with frequent faintings, hiccups, deep sighing and a countenance indicative of the most intense agony. There are several anomalous symptoms, ^{mentioned} by Doctor Chapman and several other respectable practitioners, as pain and inflammation of the great toe, an acute pain in the groin, great intolerance of light, an aversion to drinks; but deceptive are the symptoms sometimes, and so little indicative of the real character of the disease, that its presence is not suspected until the patient is beyond the power of medical aid.

Gastritis is liable to be confounded with several diseases, particularly Enteritis and Peritonitis; from the former of which it may be distinguished by the particular seat of the pain, by the great irritation of the stomach, and by the excessive vomiting. From the latter or Peritonitis, it may be known by the



vomiting, not being so much increased when any thing is taken into the stomach, by ^{the} seat of the pain, and by the position that the patient assumes when in bed - lying in Peritonitis generally on his back with his legs flexed on his thighs, and the latter on the pelvis, in order to free the abdominal muscles from the weight of the viscera, and consequently to relieve pain.

Of the appearance of the parts on dissection. The mucous membrane ~~generally~~ generally exhibits the usual blush of inflammation. According to Doctor Thomas the membranes are occasionally ulcerated, having small holes through all of the coats of the stomach, and sometimes through one or two of them. The redness found on dissection is not of uniform diffusion, but exists in small, elevated, thickened patches of a stellated form scattered indiscriminately over the whole mucous surface; and sometimes coagulable lymph is found effused over the parts inflamed. Doctor Cullen says that the stomach occasionally suffers from



entirely made up of a few individuals, and it
do not appear to be a very important part of
the, down and general view of the world.

It is a very old and well known fact, that the
the majority of the people of the world are
of the same race, and the same language, and
the same customs, and the same religion, and
the same laws, and the same government, and
the same everything, and the same everything.

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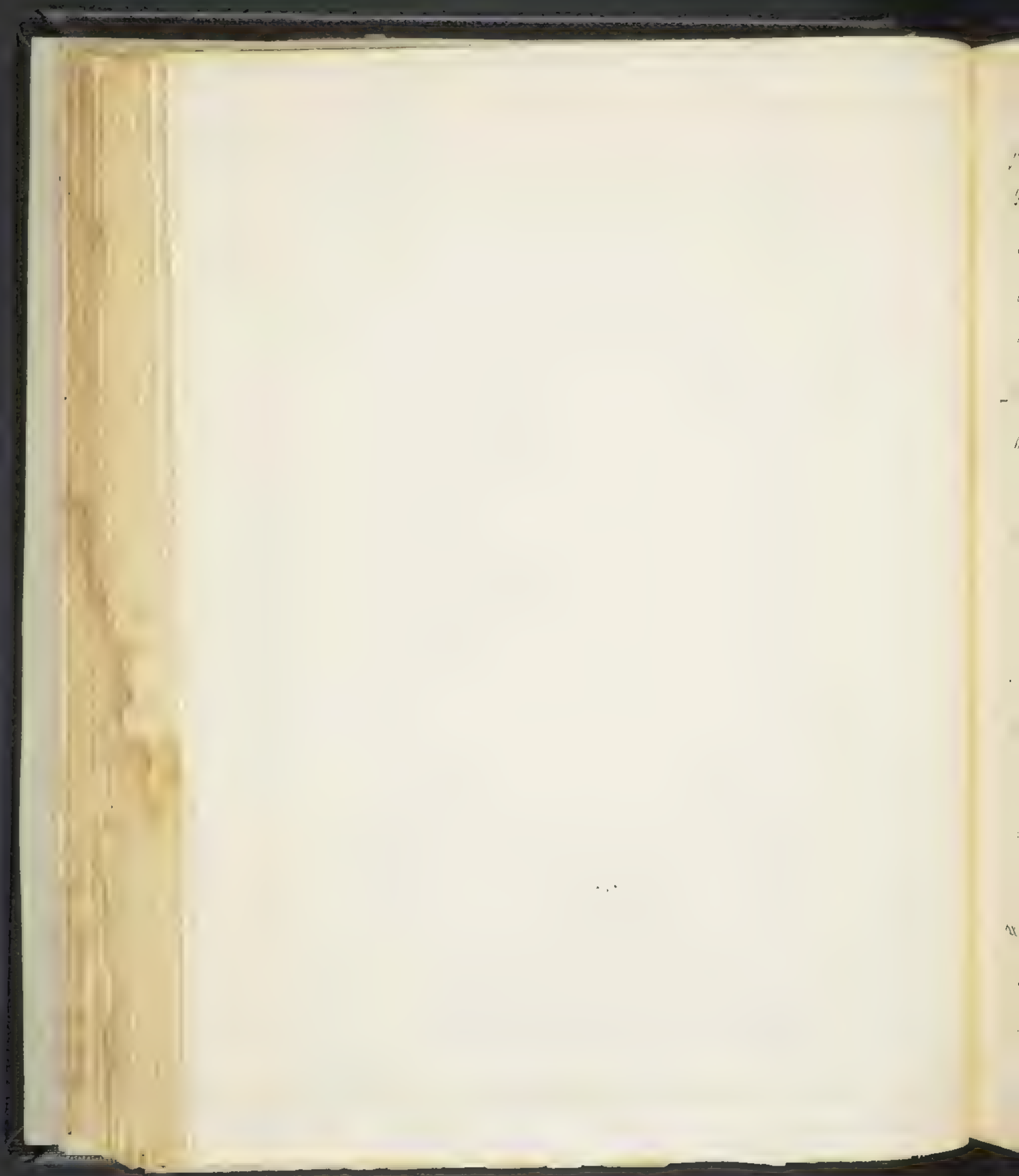


and most important even it is one of its consequences,
the more true and regular the system
generally reacts with nearly acquired signs, and the
disease for the most part put on a more accurate
aspect. The quantity of blood to be drawn must depend
on climate age sex, the nature, nature of the patient,
degree of disease and many other circumstances. Sutor-
chaffman says as a general rule, from twenty to
thirty ounces will ^{be} sufficient at a time,
and that evacuating should be repeated as long as the
hardening and swelling of the pulse remains. In some
breedings by cups and leeches more can be resorted to than
we have carried general evacuating as it is the cir-
stances of the case will determine. For confinement
the influence to leeches and blisters that they should
always be used where they can be readily introduced.
After general and small bleedings, we should make use
of blisters, they are of no inconsiderable advantage when
judiciously applied, and in order to obtain full effect



from them they should be very, very, very, very,
so to cover the whole range of the treatment. I have always
found from the other practice that there can't be much
more good result from a large cluster than a small
one, while the increase of pain & agony is comparatively
small; there are some cases in which it seems better to
recommend a large in preference to a small one.

During it, the necessity of the skin in
injections, & the skin can be used in the same
remedies as the same movement of the skin in
there, & have to be used, principal of injection,
they are of great importance when they are adminis-
tered. For in what we say that the skin is more use-
ful in a more active manner in large quantities, and
frequently repeated, than they are in a small and given
seldom, as they not only ^{serve} ~~serve~~ to keep the skin open,
but also act as a stimulant in a similar fashion as the skin
in a state of irritation. Injections must consist in
some mild, pleasant. The sulphate of magnesia is very







To allay the thirst of the patient which, is sometimes very difficult to relieve, we should permit him to drink a little mint-tea, toast-water or lemonade, the latter of which is well calculated to assuage the thirst and also the violent burning heat of the stomach.

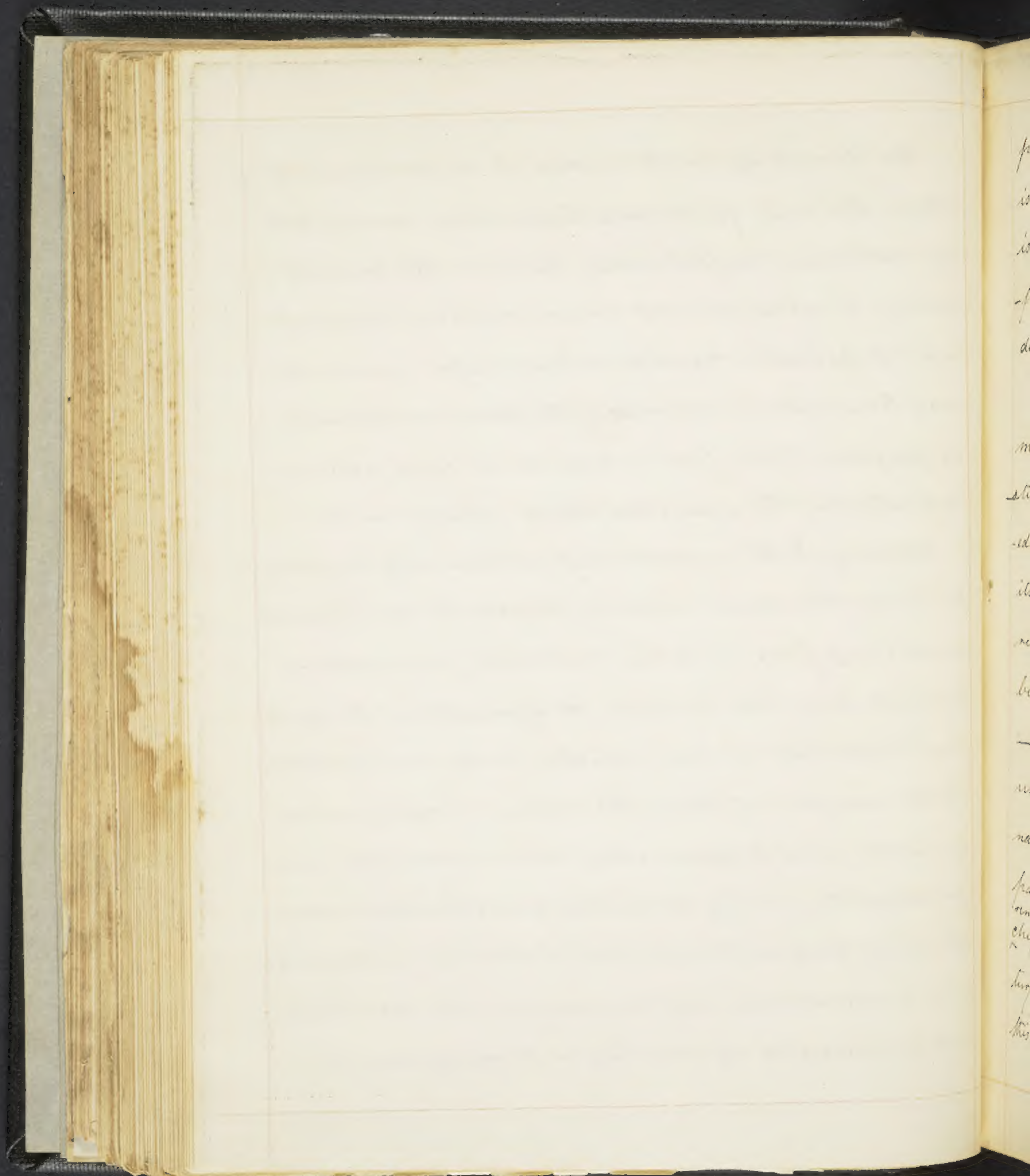
In no disease should the antiphlogistic regimen be observed with greater punctuality than in the one under consideration, both during its continuance and for a considerable time after its termination. Food of no kind should be allowed the patient, but that of the lightest and most digestible nature, and that in such quantities only, as will barely support the patient until the stomach has recovered its natural tone and vigour.

The patient should avoid exposures to the extremes either of heat or cold, as they are well calculated to bring on a relapse, particularly the latter, which should be guarded against by having warm next to the skin and by warm frolicking the feet and legs against cold.



The preceding are the means to be employed to obtain the only favourable termination; namely that by resolution. Unfortunately however this cannot always be attained; and we are compelled to witness one less desirable. Gastritis as I have before mentioned may terminate in scirrhus of the Pilonus, suppuration or gangrene. The first of these, as not being certainly indicated by the symptoms I shall entirely omit.

A tendency to the second or suppuration may be suspected from the disease refusing to yield to the appropriate remedies, and from its being protracted for a week or two with but little remission or aggravation of the symptoms. That pus has been actually formed may be known by the remission of pain; the accession of rigors; a sense of weight and oppression about the precordia; the pulse for a short time being diminished and afterwards increased, assuming frequently the form of hectic-fever. The matter in a short time may be discharged into the stomach and be evacuated by vomiting or purging, and the



patient recover. Little under such circumstances is to be expected from art. The medical treatment is restricted to the avoidance of all irritation, and supporting the patient's strength by tonics and a generous diet.

Gangrene of the unfavourable termination is the most frequent. It is to be apprehended from the obstinacy and increased violence of all the above mentioned symptoms. When gangrene has actually taken place, its presence is sufficiently indicated by the sudden remission of pain, the ~~weak~~ pulse at the same time becoming quick and tremulous, the tongue dry and of a brownish tinge, the skin very hot, the patient restless and uneasy, after these have continued a short time delirium, nausea, and hiccups ensue, which soon terminate the patient's existence. When gangrene is threatened, Opium is the ^{remedy} chiefly to be relied upon; but should this fail the Oil of Turpentine may be made use of, which is recommended at this stage of the disease by good authority.

